

REA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility: Federal Correctional Institution Marianna, Florida

Physical address: FCI Marianna Correctional Institution
3625 FCI ROAD
MARIANNA, FL 32446

Date report submitted: 6/4/14

Auditor Information **Diane Lee**

Address: P. O. Box 3341, Apollo Beach, FL

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Telephone number: 240-357-3162

Date of facility visit: November 5-7, 2013

Facility Information

Facility mailing address: (if different from above)
FCI Marianna
P.O. BOX 7007
MARIANNA, FL 32447

Telephone number: 850-526-2313

The facility is:

<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> Federal
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
<input type="checkbox"/> Private not for profit		

Facility Type: ☐ Jail ☒ Prison

Name of PREA Compliance Manager: Neil Robinson

Title: Associate Warden/PREA Compliance Manager

Email address: nrobinson@BOP.GOV

Telephone number: 850-526-7081

Agency Information			
Name of agency:	Federal Bureau of Prisons		
Governing authority or parent agency: <i>(if applicable)</i>	United States Department of Justice		
Physical address:	320 First St., NW, Washington, DC 20534		
Mailing address: <i>(if different from above)</i>			
Telephone number:	202-307-3198		
Agency Chief Executive Officer			
Name:	Charles E. Samuels	Title:	Director
Email address:	COORDINATOR@BOP.GOV	Telephone number:	202-353-3506
Agency-Wide PREA Coordinator			
Name:	Sean Marler	Title:	National PREA Coordinator
Email address:	smarler@bop.gov	Telephone number:	202-353-3506

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Federal Correctional Institution- Marianna was conducted on November 5-7, 2013. During the three days the auditor toured the institution and conducted formal staff and inmate interviews. The facility includes a medium security facility for male inmates - Federal Correctional Institution (FCI), a minimum security facility for female inmates Federal Prison Camp (FPC), and a male Protective Custody Unit (PCU). The institution is situated on 230 acres of land, 50 acres of which are inside the secure perimeter fence. Additionally, Apache Unit in the FCI operates the Residential Drug Treatment Program and in December 2007, FCI Marianna was designated as a Sex Offender Management Site (SOMP). Currently, there are 480 sex offenders housed at the facility with 27 in treatment.

Ten random inmates from all of the housing units, 9 specialized staff and 10 Correctional Officers were questioned about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation. The night before the audit I selected one inmate from each housing unit, as well as any inmates where who were limited English speaking or had hearing/vision impairment to be interviewed. I interviewed

one deaf male inmate, one pregnant female inmate, one Spanish speaking inmate, and one trans-gender inmate.

Random staff interviews were conducted with staff from all three shifts and from all three facilities, utilizing shift rosters provided by the facility. Specialized staff included the Warden, Health Services Administrator, PREA Compliance Manager, Chief Psychologist, Sex Offender Program Manager, Case Manager, one contracted employee and two Special Investigators.

An entrance meeting was held with facility bureau staff and BOP Program Reviewers. The following people were in attendance: Michelle Gopple-Holliday, Central Office ACA, N. C. English, Warden, Alice Lowe, Associate Warden of Operations, Neil Robinson, Associate Warden of Programs/PREA Compliance Manager, Ron Prioleau, Shawnee (PC-U) Unit Manager/Acting Camp Administrator, Todd Large, Facility Manager/Acting Executive Assistant/ACA Coordinator, Mariano Perez, Captain, Racheal Jamison, Associate Warden's Secretary/Recorder, Jerry Sale, Safety Manager, Eddie Baldwin, Safety Specialist, Shawn Stanley, Program Review, Safety Manager, FCI Jesup, and Mike Bink, Evaluation Specialist, Program Review Division, Safety Review Section. Following the entrance meeting, I toured the facility from 8:20 a.m. to 2:00 p.m. on the first day of the audit. The tour continued on the second day from 7:30 a.m. to 9:30 a.m. On the tour with me was Michelle Hopple-Golliday, Central Office ACA. N. C. English, Warden, Alice Lowe, Associate Warden of Operations, Neil Robinson, Associate Warden of Programs/PREA Compliance Manager, Todd Large, Facility Manager/Acting Executive Assistant/ACA Coordinator, Mariano Perez, Captain, Christopher Barfield, Administrative Lieutenant, Racheal Jamison, Associate Warden's Secretary.

I reviewed the past three of four sexual assault/harassment allegation investigations during the past 12 months. They all resulted in administrative investigation and were completed following the PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS:

FCI Marianna is set in a rural peanut farming community located in the northern panhandle of Jackson County, Florida, three miles north of the city of Marianna, adjacent to the FCI Marianna is set in a rural peanut farming community located in the northern panhandle of Jackson County, Florida, three miles north of the city of Marianna, adjacent to the local airport. The institution is situated on 230 acres of land, 50 acres of which are inside the secure perimeter fence. The FCI is located

on property once owned by Graham Air Force Base. It was a pilot training school used during World War II and the Korean War. FCI Marianna was dedicated on September 15, 1988. The facility includes a medium security facility for male inmates, a minimum security facility for female inmates, and a male protective custody unit (Shawnee Unit). Upon arriving on the institution grounds, the Federal Prison Camp (FPC) is located on the left of the FCI approximately one eighth a mile inside the property line. As you proceed towards the FCI, the Protective Custody Unit (PCU) is located behind the FCI. The PCU is a self-contained, Administrative Level facility for male offenders. Inmates confined within the PCU require separation from the general population inmates. Services and programs available in the PCU are commensurate with those available at the main institution. The FPC and PCU units contain individual departmental space for all areas to provide onsite services. The Administration Building is located a short distance past the main lobby. The Control Center, Visiting Room, Associate Warden's Conference Room and Staff Lounge are located on the first floor. The Warden's Complex, Warden's Conference Room, Business Office and Human Resources Offices are on the second floor. The Associate Warden's Complex, Inmate Systems Department, Medical Department and the Special Housing Unit (SHU) are located on the right side of the compound. The Recreation Department is on the East end of the compound. This area includes a hobby craft area, barbershop, two indoor passive recreation areas, a gymnasium and a band room. The adjacent outdoor recreation yard includes a covered area that has television viewing, basketball courts, racquetball/handball courts, a softball field, track and an outdoor worship area. The UNICOR, which operates a Recycling Factory and Business Service Group, is located to the north of the Recreation Department followed by the Education Department, Psychology Services, Religious Services, Food Services, the Commissary, Laundry, Safety and the Facilities Department. Along the West side of the compound are four housing units. The Apache Unit operates the 500 hour Residential Drug Abuse Program (RDAP), while the Creak Unit, Mohawk Unit and Navajo Unit are general housing units. The outside areas of the FCI include the following: Business Office Warehouse, Food Service Warehouse, Powerhouse, Garage, two Maintenance Buildings, Training Center and a Command Center.

Within the FPC, the Administrative offices are located to the left of the lobby and the visiting room is to the right. On the FPC compound, the Inmate Systems Department and Psychology/Religious Services group room is located to the left. The Medical/Dental Department, Commissary, Food Services, an indoor passive recreation room/email room, the Education Department and a Multi-Purpose Room

are located to the right. UNICOR has an Automated Data Processing (ADP) Factory and a Recycle Factory. Directly in front of the Food Service Department is the Officer's Station which is located in the center of the compound. The Seminole Housing Unit is located to the right of the Officer's Station while the Cherokee Unit is to the left. The B side of the Seminole Unit operates a Canine Training Program for the inmate population. Directly behind the Officer's Station is the FPC Laundry operation. The Horticulture Program is located on the East side of the compound and displays a large garden and greenhouse.

SUMMARY OF AUDIT FINDINGS:

The facility has continued to implement the PREA standards through the development of an executive staff team that meets regularly to continue to make improvements. The team reviewed the entire facility initially and continues to meet on a monthly basis. They review all reported and potential cases that may be at high risk of potential abuse and implement needed changes. The notices of the PREA audit were posted in all housing units as well as being placed on the computer TruLinks email system for the inmates. The auditor found the staff and inmates to be very aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The Medical and Mental Health staff does an exceptional job providing additional educational training to all staff on how to identify signs of sexual assault/harassment and specialized staff on how to deal and treat victims of sexual assault and or sexual harassment. In each case of an allegation the SIS Lieutenant conducts extensive interviews with the alleged victim and the alleged perpetrator. It should be noted that the SIS Lieutenant continued to monitor the alleged victims and alleged abusers long after the conclusion of the investigation(s) concluded.

The resulted of the site visit completed at FCI Marianna indicate compliance on the following number of standards:

Number of standards exceeded: **4**
Number of standards met: 38
Number of standards not met: 0
Number of standards not applicable: **1**

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11, page 3 makes an affirmative statement on zero tolerance as required by the standard.

§115.12 - Contracting with other entities for the confinement of inmates

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Federal Bureau of Prisons was proactive and renewed all existing contracts to include PREA requirements and policy. Contract monitoring is done through on site visits and PREA documentation/audits.

§115.13 – Supervision and Monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

There have been no deviations from the staffing plan over the past year. PREA Coordinator is involved in annual review. On the doors of housing units, including segregated housing areas is posted: "NOTICE TO INMATES: Male and female staff routinely work and visit inmate housing areas." The "NOTICE TO INMATES" is explained to inmates at Admission and Orientation. A general announcement is made at the beginning of each of the three primary shifts, verbally announcing to the inmates in each housing unit, including segregated housing areas, that "Male and female staff routinely work and visit inmate housing areas." This announcement is made using the general public address system and is in both English and Spanish.

§115.14 – Youthful Inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Not Applicable- No one under 18 years of age at this facility.

§115.15 – Limits to Cross-Gender Viewing and Searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11, page 18, 20 and 21 meets this standard. No cross gender strip searches or body cavity searches have been conducted during this report period. All staff is trained on how to conduct cross-gender pat down searches. Staff of the opposite gender announces their presence when entering an inmate housing unit.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11 pages 20 and 21 address this standard.

§115.17 – Hiring and Promotion Decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statements 3000.03 and 3420.11 address this standard.

§115.18 – Upgrades to Facilities and Technology

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Several cameras have been added to improve video technology in blind spots inside inmate areas of the facility. The Warden continues to request additional cameras. The institution utilized the PREA manager, as well as the PREA executive team in the decision for placement of these new cameras and additional mirrors.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11, pages 23 and 24 address this standard. Facility provides a qualified agency staff member if requested. BOP has requested the FBI and/or OIG follow the requirements of paragraphs 115.21 a through e.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11, pages 44, 45 and 46 address this standard.

§115.31 – Employee Training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11, pages 14, 15, 25, 26 and 27 and IS 5324.09, pages 5-6 address this standard. Training sheets were reviewed that meet the standard.

§115.32– Volunteer and Contractor Training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

§115.33 – Inmate Education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All inmates interviewed confirmed that the required PREA training is received and updated frequently.

§115.34 – Specialized Training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11, page 29 addresses this standard. All four staff conducting sexual abuse/harassment investigations has received training required by this standard. FBI or OIG are investigative authority on criminal cases. BOP has requested the FBI and/or OIG follow the requirements

§115.35 – Specialized training: Medical and mental health care

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Dr. Rush, the Chief Psychologist, makes sure that all staff receives training on victim identification, interviewing, reporting and interventions to all specialized staff. She does an outstanding job and the interviews conducted with the

specialized staff reflect her commitment to PREA and the safety of inmates in general. FCI Marianna medical staff does not conduct forensic exams. The inmates are transported to Panhandle SART for all forensic examinations.

§115.41 – Screening for Risk of Victimization and Abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11 and the IS- MNA 5324.11 addresses this standard. This was confirmed by interviews with the Psychologist, Case Manager and inmates. All items in the standard are covered on the Screening form BP-A1030.

§115.42 – Use of Screening Information

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11 and the IS- MNA 5324.11 addresses this standard. All inmates determined to be at risk are monitored continuously and at the monthly PREA meetings with executive staff. During this meeting, a slide presentation of all inmates who have been identified as At Risk of Victimization or At Risk of Abusiveness are reviewed and the following issues are discussed: housing, work, education, and program assignments. They also discuss who the inmate has been seen "hanging" around with and if there has been in safety concerns have been noted. Each inmate is reviewed every month with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. During this meeting, they also review transgender inmates to ensure safe and secure living arrangements for these individuals.

§115.43 – Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

§115.51 – Inmate Reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11 and the IS- MNA 5324.09 addresses this standard.
Based on interviews with staff and inmates this is accomplished.

§115.52 – Exhaustion of Administrative Remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This is covered in PS 1330.18.

§115.53 – Inmate Access to Outside Confidential Support Services

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

115.53 (c) -1 Facility has developed a Memo of Understanding with The Salvation Army Domestic Violence & Rape Crisis Program of Panama City. Rick De Auguiar at the Consolidated Legal Center in Miami has completed revisions to the MOU with the Salvation Army and has forwarded it to the Regional office for approval.

§115.54 – Third-Party Reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

§115.61 – Staff and Agency Reporting Duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

This was addressed in PS 5324.11 and verified during interviews with staff.

§115.62 – Agency Protection Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

There have been no determinations during the past 12 months that meet these criteria.

§115.63 – Reporting to Other Confinement Facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

There have been no such allegations during the last 12 months.

§115.64 – Staff First Responder Duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Covered in PS 5324.11 and training outline.

§115.65 – Coordinated Response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

§115.66 – Preservation of ability to protect inmates from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

It was reported that there have been no new collective bargaining agreements since August 2012.

§115.67 – Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11 and the IS- MNA 5324.11A addresses this standard. During interviews with PREA Manager is responsible for monitoring retaliation, it was determined that they have a system in place to identify any concerns.

§115.68 – Post-Allegation Protective Custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

§115.71 – Criminal and Administrative Agency Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Policy Statement 5324.11 pages 44, 45 and 46 addresses this standard. The facility has met its own specific obligations under these standards. They have requested the FBI and OIG who conduct external investigations follow the PREA standards regarding a uniform evidence protocol and forensic medical evaluations. OIG training for PREA was implemented in January 2014.

§115.72 – Evidentiary Standard for Administrative Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

§115.73 – Reporting to Inmate

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Covered in PS 5324.11. SIS investigator would notify inmate of outcome of investigation.

§115.76 – Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

PS 3420.11 pages 6 and 7 address this standard. In the past 12 months, there have been no staff that has been terminated, resigned, or had other sanctions applied to them due to violations of sexual abuse or harassment policy.

§115.77 – Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

§115.78 – Disciplinary sanctions for inmates

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

PS 5324.11 page 49 addresses this standard.

§115.81 – Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

PS 5324.11 addresses this standard.

§115.82 – Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This is covered in PS 5324.11 and verified through Chief Psychologist.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

This is covered in PS 5324.11 and the IS- MNA 5324.11A addresses this standard. This was verified through Chief Psychologist.

§115.86 – Sexual abuse incident reviews

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

PS 5324.11 covers the required standard. Examples of After Action Review Team meetings were provided as well as PREA Compliance Manager Tracking Log.

§115.87 – Data Collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

§115.88 – Data Review ☐ for Corrective Action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The BOP 2012 annual report can be accessed at :

http://www.bop.gov/inmates/custody_and_care/docs/PREA_Report_2012_1_1.pdf

§§115.89 – Data Storage, ☐ Publication, and Destruction ☐

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The BOP 2012 annual report can be accessed at :

http://www.bop.gov/inmates/custody_and_care/docs/PREA_Report_2012_1_1.pdf

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

___*Diane Lee*_____

___June 4, 2014_____

Auditor Signature

Date